

<i>SERFF Tracking Number:</i>	<i>HNVR-125759988</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hanover American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CIM-CW-08407-01</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Commercial Inland Marine; Declarations Page; Form Filing</i>		
<i>Project Name/Number:</i>	<i>Commercial Inland Marine; Declarations Page; Form Filing/CIM-CW-08407-01</i>		

## Filing at a Glance

Companies: Hanover American Insurance Company, Massachusetts Bay Insurance Company, The Hanover Insurance Company

Product Name: Commercial Inland Marine; Declarations Page; Form Filing	SERFF Tr Num: HNVR-125759988	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations	Co Tr Num: CIM-CW-08407-01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Ann-Marie Blute	Disposition Date: 08/07/2008
	Date Submitted: 08/05/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 08/07/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 08/07/2008

State Filing Description:

## General Information

Project Name: Commercial Inland Marine; Declarations Page; Form Filing	Status of Filing in Domicile:
Project Number: CIM-CW-08407-01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/07/2008	
State Status Changed: 08/07/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The Hanover Insurance Group wishes to file the enclosed Commercial Inland Marine Declarations Page, IM441-1056 (06-08), for both filed and traditionally non-filed Commercial Inland Marine. We are requesting an "upon approval" effective date. This is a first time filing of this form.

SERFF Tracking Number: HNVR-125759988 State: Arkansas  
First Filing Company: Hanover American Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CIM-CW-08407-01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
Product Name: Commercial Inland Marine; Declarations Page; Form Filing  
Project Name/Number: Commercial Inland Marine; Declarations Page; Form Filing/CIM-CW-08407-01

The declarations page was created for use with our Commercial Marine policies. If you should have any questions or require additional information, please do not hesitate to contact this office.

Thank you for your time and attention to this matter.

## Company and Contact

### Filing Contact Information

Ann-Marie T. Blute, State Filings Consultant Ablute@hanover.com  
440 Lincoln Street (508) 855-3234 [Phone]  
Worcester, MA 01653 (508) 855-4786[FAX]

### Filing Company Information

Hanover American Insurance Company	CoCode: 36064	State of Domicile: New Hampshire
440 Lincoln Street	Group Code: 88	Company Type: Property & Casualty
Worcester, MA 01653	Group Name: The Hanover Ins Group	State ID Number:
(508) 855-1000 ext. [Phone]	FEIN Number: 04-3063898	
	-----	
Massachusetts Bay Insurance Company	CoCode: 22306	State of Domicile: New Hampshire
440 Lincoln Street	Group Code: 88	Company Type: Property & Casualty
Worcester, MA 01653	Group Name: The Hanover Ins Group	State ID Number:
(508) 855-1000 ext. [Phone]	FEIN Number: 04-2217600	
	-----	
The Hanover Insurance Company	CoCode: 22292	State of Domicile: New Hampshire
440 Lincoln Street	Group Code: 88	Company Type: Property & Casualty
Worcester, MA 01653	Group Name: The Hanover Ins Group	State ID Number:
(508) 855-1000 ext. [Phone]	FEIN Number: 13-5129825	
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*SERFF Tracking Number:*      *HNVR-125759988*      *State:*      *Arkansas*  
*First Filing Company:*      *Hanover American Insurance Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *CIM-CW-08407-01*  
*TOI:*      *09.0 Inland Marine*      *Sub-TOI:*      *09.0000 Inland Marine Sub-TOI Combinations*  
*Product Name:*      *Commercial Inland Marine; Declarations Page; Form Filing*  
*Project Name/Number:*      *Commercial Inland Marine; Declarations Page; Form Filing/CIM-CW-08407-01*

## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$50.00  
 Retaliatory?      No  
 Fee Explanation:      \$50 per form filing.  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hanover American Insurance Company	\$0.00	08/05/2008	
Massachusetts Bay Insurance Company	\$0.00	08/05/2008	
The Hanover Insurance Company	\$50.00	08/05/2008	21792116

SERFF Tracking Number:	HNVR-125759988	State:	Arkansas
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Company Tracking Number:	CIM-CW-08407-01		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0000 Inland Marine Sub-TOI Combinations
Product Name:	Commercial Inland Marine; Declarations Page; Form Filing		
Project Name/Number:	Commercial Inland Marine; Declarations Page; Form Filing/CIM-CW-08407-01		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/07/2008	08/07/2008

SERFF Tracking Number:	HNVR-125759988	State:	Arkansas
First Filing Company:	Hanover American Insurance Company, ...	State Tracking Number:	EFT \$50
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TOI:	09.0 Inland Marine	Sub-TOI:	09.0000 Inland Marine Sub-TOI Combinations
Product Name:	Commercial Inland Marine; Declarations Page; Form Filing		
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## Disposition

Disposition Date: 08/07/2008  
Effective Date (New): 08/07/2008  
Effective Date (Renewal): 08/07/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<i>Company Tracking Number:</i>	<i>CIM-CW-08407-01</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Commercial Inland Marine; Declarations Page; Form Filing</i>		
<i>Project Name/Number:</i>	<i>Commercial Inland Marine; Declarations Page; Form Filing/CIM-CW-08407-01</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Commercial Lines Policy; Common Declarations; Commercial Marine	Approved	Yes

SERFF Tracking Number: HNVN-125759988 State: Arkansas

First Filing Company: Hanover American Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: CIM-CW-08407-01

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: Commercial Inland Marine; Declarations Page; Form Filing

Project Name/Number: Commercial Inland Marine; Declarations Page; Form Filing/CIM-CW-08407-01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Lines Policy; Common Declarations; Commercial Marine	IM441-1056	(06-08)	Declaration New s/Schedule		0.00	IM441-1056 06 08 Common Declarations Commercial Marine.pdf



**COMMERCIAL LINES POLICY  
COMMON DECLARATIONS  
COMMERCIAL MARINE**

Renewal of Number

Coverage is provided in the:

POLICY NUMBER		POLICY PERIOD		AGENCY CODE
		FROM	TO	
				AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATION.
NAMED INSURED AND MAILING ADDRESS (Street, Town or City, County, State, Zip Code)				AGENT

DESCRIPTION OF BUSINESS

☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other:

Business Description:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S) FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

PREMIUM	
• Commercial Property Coverage Part.....	\$ _____
• Commercial Crime Coverage Part.....	\$ _____
• Commercial Inland Marine Coverage Part.....	\$ _____
• Boiler and Machinery Coverage Part.....	\$ _____
• Ocean Marine.....	\$ _____
• Terrorism.....	\$ _____
• State Surcharges	\$ _____
PREMIUM	
<input type="checkbox"/> The total premium of \$ _____ is due at inception	PAYMENT PLAN:
<input type="checkbox"/> The total premium includes a deposit premium subject to adjustment	
See list of Form (s) and Endorsement(s) applicable to all Coverage Part(s) and made a part of this policy at time of issue.	

Countersigned:

By \_\_\_\_\_  
Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PARTS COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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**FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS AND MADE A PART  
OF THIS POLIICY AT TIME OF ISSUE**

SERFF Tracking Number: HNVR-125759988 State: Arkansas  
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Company Tracking Number: CIM-CW-08407-01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
Product Name: Commercial Inland Marine; Declarations Page; Form Filing  
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## Supporting Document Schedules

		Review Status:	
<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	Approved	08/07/2008

### Comments:

Attached.

### Attachments:

P & C Transmittal.pdf  
FormFilingSchedule.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 45%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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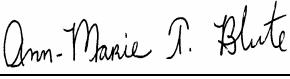
<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>
	The Hanover Insurance Group	0088

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Hanover Insurance Company	NH	22292	13-5129825	
	The Hanover American Insurance Company	NH	36064	04-3063898	
	Massachusetts Bay Insurance Company	NH	22306	04-2217600	

<b>5. Company Tracking Number</b>	CIM-CW-08407-01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Ann-Marie T. Blute 440 Lincoln Street Worcester MA 01653	State Filings Consultant	508-855-3234	508-855-4786	ablute@hanover.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Ann-Marie T. Blute

**Filing Information** (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	09.0 Inland Marine		
10.	Sub-Type of Insurance (Sub-TOI)	09.0000 Inland Marine		
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]			
12.	Company Program Title (Marketing Title)			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> X Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
14.	Effective Date(s) Requested	New:    Upon Approval	Renewal:    Upon Approval	
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No		
16.	Reference Organization (if applicable)	N/A		
17.	Reference Organization # & Title	N/A		
18.	Company's Date of Filing	August 5, 2008		
19.	Status of filing in domicile	<input checked="" type="checkbox"/> X Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

**Property & Casualty Transmittal Document**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CIM-CW-08407-01
<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

The Hanover Insurance Group wishes to file the enclosed Commercial Inland Marine Declarations Page, IM441-1056 (06-08), for both filed and traditionally non-filed Commercial Inland Marine. We are requesting an "upon approval" effective date. This is a first time filing of this form.

The declarations page was created for use with our Commercial Marine policies. If you should have any questions or require additional information, please do not hesitate to contact this office.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> N/A – Fee paid via EFT <b>Amount:</b> \$50</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CIM-CW-08407-01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Commercial Lines Policy Common Declarations Commercial Marine	IM441-1056 (06-08)	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		